



## COMMUNITY SERVICE: PROJECT AND HOURS FORM

**Student Information:** (Please Type or Print)

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

School: \_\_\_\_\_

**Organization Information:**

Name of Agency, Club and/or Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Organization's Tax ID #: \_\_\_\_\_

Brief Description of Activity	Date	Time In	Time Out	# of hours (rounded to nearest 0.5 hours)	Site Supervisor's signature

\* Beginning with the 2011–2012 school year, all community service hours must be completed through a 501(c)(3) non-profit organization or a federal, state or local government agency.

Total # of hours: \_\_\_\_\_